#### Feasibility of Pre-Accession Physical Fitness Screening

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### Objective

Determine feasibility of a preaccession physical fitness screening procedure

- Possible screening tests
- Difficulties with test
- Number of applicants screened out
- Effects on BCT attrition

#### **Steps in the Process**

- Literature reviews
  - Attrition for the military services
  - Current and projected youth fitness/ improvements in fitness in BCT
- What is the AIT fate (attrition and fitness) of low fit in BCT (150-160 APFT points)?
- Determine 3 COAs for pre-accession screening
- Effects on attrition of using pre-accession screening

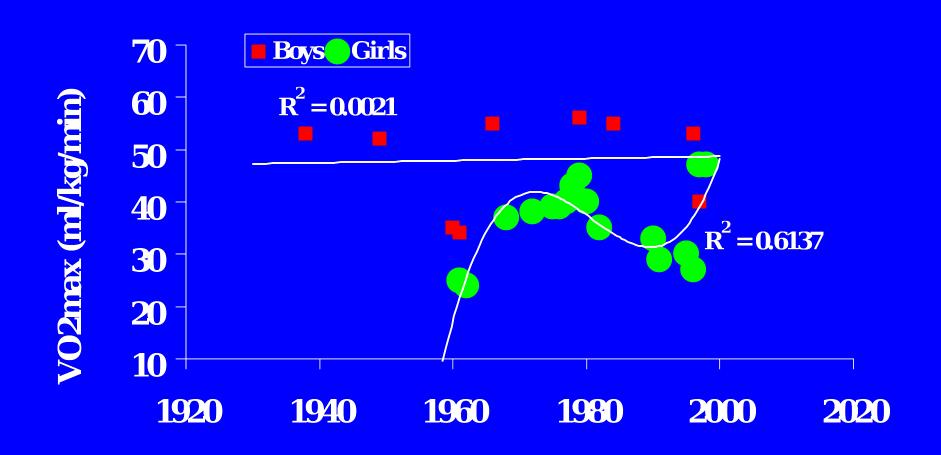
## Attrition From the Military Services

- Approach
  - Define how large is the problem
  - Determine risk factors for attrition
  - Identify interventions to reduce attrition
- Focus
  - Evidence based information
  - Health/fitness aspects of attrition
- Progress First draft completed

# Current and Projected Youth Fitness and BCT Fitness Improvements

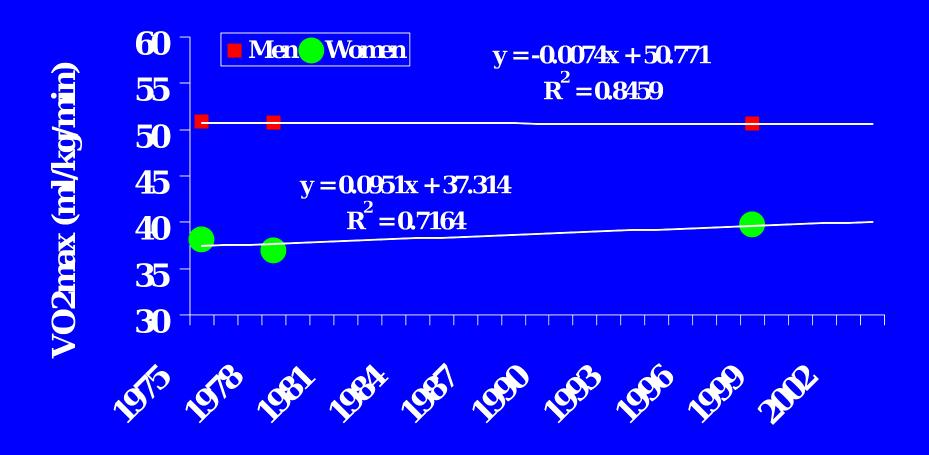
- Define fitness
- Civilian studies (very limited except for weight and BMI)
  - Peer-reviewed (aerobic fitness and muscular endurance)
  - Data from NHES and NHANES (weight and BMI)
  - Data from YRBS (physical activity of high-school aged youth 1991-2001)
  - Data from BRFSS (physical activity, weight, and BMI of 18-34 year olds)
- Military studies on recruits Many aspects of fitness measured as far back as 1975
- Progress Paper being organized

### Secular Trends in VO<sub>2</sub>max in 15-19 Year Olds



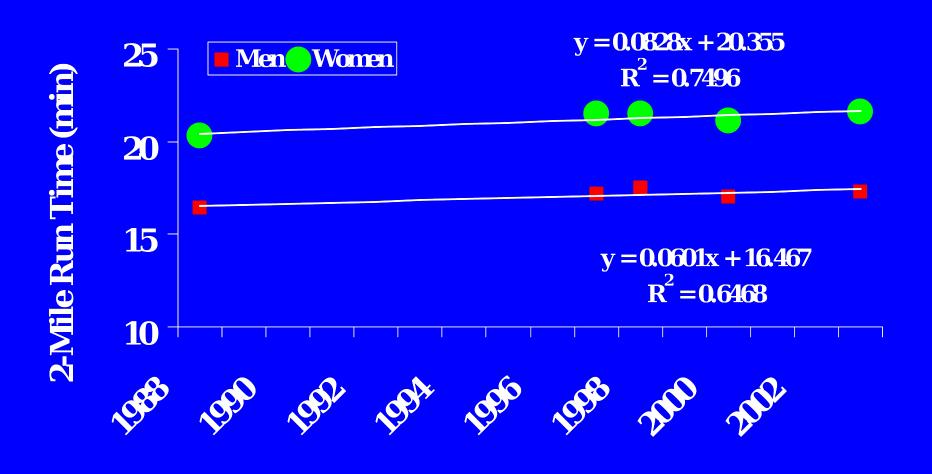
Eisenmann, Am J Human Biol 14:699, 2002

### Secular Changes in VO<sub>2</sub>max on Entry to BCT

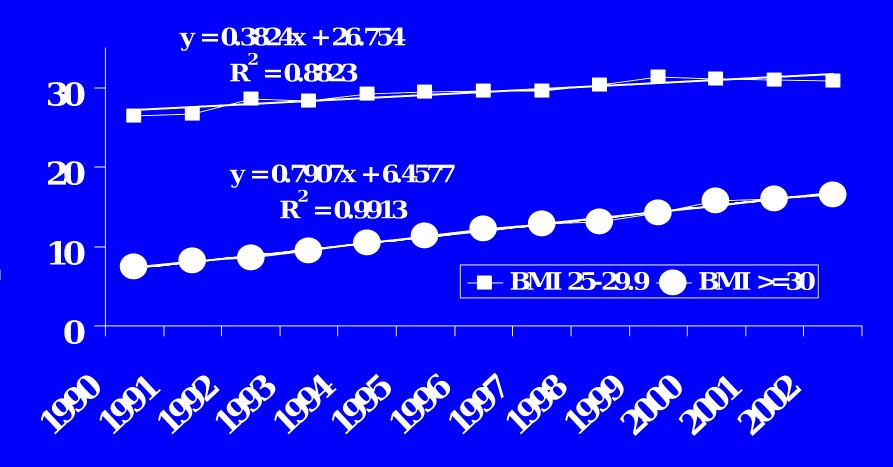


Vogel, Med Sci Sports Exerc 9:58, 1977; Patton Aviat Space Environ Med 51:492, 1980; Sharp Med Sci Sports Exerc 34:356, 2002

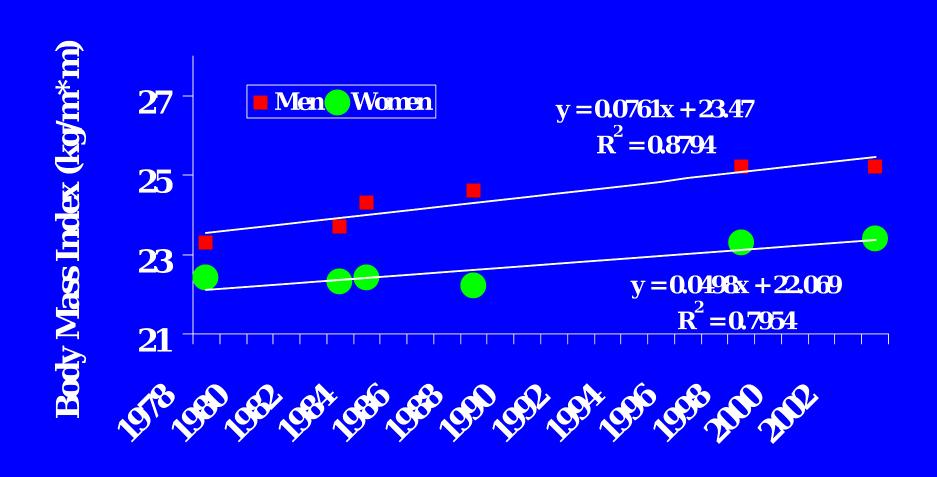
### Secular Trends in Two-Mile Run Times on Entry to BCT



### Secular Trends in BMI for 18-34 year Olds From the BRFSS



### Secular Changes in BMI On Entry to BCT



#### Changes in Weight and Body Composition Among US Army Recruits 1978 and 1998

	Weight (kg)	Body Fat (kg)	Fat Free Mass (kg)
Men 1978	71	12	59
Men 1998	79	15	64
Women 1978	59	17	42
Women 1998	63	19	44

Sharp, Med Sci Sports Exerc 34:256, 2002

#### AIT Fate of Low Fit in BCT

 Analyze APFT databases to identify low fit trainees in BCT at Ft Jackson (150-160 points)

 Determine APFT scores and attrition of those who entered Ordnance School at APG (4 year database)

## Pre-Assessment Physical Fitness Screening

- Literature review US studies (MEPSCAT), Canadian studies, British studies, Dutch studies
- Determine 3 COAs for pre-accession fitness testing (valid, reliable measures)
  - PU, SU, Run
  - Others not determined yet

#### HOW WOULD A PRE-ACCESSION PHYSICAL FITNESS SCREEN INFLUENCE ATTRITION?

BAD (Best Available Data) from FAP

## Reception Station Fitness Test (Fitness Criteria to Enter BCT)

Year	Gender	PU (reps)	SU (reps)	1-Mile Run (min)
1998	Men	13	17	9.0
	Women	3	17	11.0
2003	Men	13	17	8.5
	Women	3	17	10.5

#### Proportion (%) of Men and Women Failing the Reception Station Fitness Test and Entering the FAP

	<b>Men (%)</b>	Women (%)		
FY00	4.3	12.2		
FY01	4.4	12.7		
FY02	<b>5.4</b>	14.8		
FY03	3.9	10.1		

Data from S-1, 120th Reception Bn and CPT Bryant

### Attrition With and Without Reception Station Fitness Screen

Group	Men (%)		Women (%)			
	Total Traine es (n)	Attrit e BCT (%)	Attrit e 1yr (%)	Total Trainee s (n)	Attrit e BCT (%)	Attrit e 1yr (%)
Failed RS Screen -> BCT	32	24. 0	27. 0	73	29. 4	33.5
Failed RS Screen, Train- >BCT	64	10. 6	12. 5	94	25. 1	29.6
Pass RS Screen BCT: 102 X \$27, 6	$1078 \\ 528 = 9$	7.8 \$2,81		731	15. 4	16.0

(FY02\$) 1 Year: 129 X

Es**\$44.7;2**14a6e<del>d</del> **\$161,01910,1864a (1EtY 012i\$1)**1ed 166: 820, 2001; Hauret,

Milt Med, In Press; Knapik, Milit Med 168: 490, 2003; Knapik,

USACHPPM Tech Report 12-HF-XXX-04, 2004

U.S. Army Center for Health Promotion & Preventive Medicine Mission: Provide health promotion and preventive medicine leadership and services to counter environmental, occupational, and disease threats to health, fitness, and readiness in support of the

National Milary Strategy

